

10/534863

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**DESIGNATION OF TEN ATTORNEYS  
FOR POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This serves as a separate paper in compliance with 37 CFR §1.32(b) indicating that the following ten patent practitioners named in the attached power of attorney are to be recognized by the Patent Office as being of record in the application to which the attached power of attorney is directed:

6 — James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450;  
Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565;  
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;  
Paul Tsou, Reg. No. 37,956; and Eric D. Morehouse, Reg. No. 38,565.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION  
SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944,  
TELEPHONE (703) 836-6400.**

Respectfully submitted,



Thomas J. Pardini  
Registration No. 30,411

TJP/



10/534863



IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒


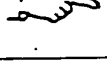
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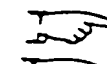
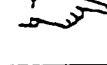
PAGE 2 OF U.S.A. DECLARATION FORM  
(Discard this page in a sole inventor application)

2-00 Typewritten Full Name of Yoshimasa WATANABE  
Second Joint Inventor (if any) Given Name Middle Initial Family Name

\*4 Inventor's Signature   
\*5 Date of Signature  February 21 2005  
Month Day Year  
\*6 Residence Sunto-gun, Shizuoka-ken Japan JPX  
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\*7 Citizenship Japanese  
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3 Typewritten Full Name of \_\_\_\_\_  
Third Joint Inventor (if any) Given Name Middle Initial Family Name  
\*4 Inventor's Signature   
\*5 Date of Signature  \_\_\_\_\_  
Month Day Year  
\*6 Residence \_\_\_\_\_  
City State or Province Country  
\*7 Citizenship \_\_\_\_\_  
8 Post Office Address \_\_\_\_\_  
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address, including country)

3 Typewritten Full Name of \_\_\_\_\_  
Fourth Joint Inventor (if any) Given Name Middle Initial Family Name  
\*4 Inventor's Signature   
\*5 Date of Signature  \_\_\_\_\_  
Month Day Year  
\*6 Residence \_\_\_\_\_  
City State or Province Country  
\*7 Citizenship \_\_\_\_\_  
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address, including country)

3 Typewritten Full Name of \_\_\_\_\_  
Fifth Joint Inventor (if any) Given Name Middle Initial Family Name  
\*4 Inventor's Signature   
\*5 Date of Signature  \_\_\_\_\_  
Month Day Year  
\*6 Residence \_\_\_\_\_  
City State or Province Country  
\*7 Citizenship \_\_\_\_\_  
8 Post Office Address \_\_\_\_\_  
(Insert complete mailing \_\_\_\_\_  
address, including country)

\* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.